PTO/SB/22 (10-08)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) 0290494.00122US1			
Application Number 10/595,485-Conf. #1304				Filed Se	Filed September 6, 2007		
For USE OF GHRELIN AND UNACYLATED GHRELIN COMPOSITIONS IN INSULIN-RELATED DISEASE CONDITIONS							
Art Ur	nit 1646			Examiner	G. Cha	ndra	
This is applic		provisions of 37 CFR 1.136	(a) to extend the peri	od for filing a reply ir	the above	identified	
The re	equested extension a	nd fee are as follows (check	time period desired	and enter the approp	riate fee be	low):	
			<u>Fee</u>	Small Entity Fee			
	X One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _	130.00	
	Two months	(37 CFR 1.17(a)(2))	\$490	\$245	\$_		
	Three month	s (37 CFR 1.17(a)(3))	\$1110	\$555	\$_		
	Four months	(37 CFR 1.17(a)(4))	\$1730	\$865	\$		
	Five months	(37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
	Applicant claims s	mall entity status See 37	CER 1 27				
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed.							
		ayment by credit card. Form PTO-2038 is attached.					
		The Director has already been authorized to charge fees in this application to a Deposit Account.					
L		•	•				
X	The Director is he Deposit Account N	reby authorized to charge a lumber 08-0219	any fees which may	be required, or cred	dit any over	payment, to	
	WARNING: Informat	ion on this form may become information and authorization		formation should not b	oe included (on this form.	
Ιa	41	icant/inventor.	OH F 10-2030.				
	app.		interest See 37 C	FR 3 71			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	X attor	ney or agent of record. Re	egistration Number	31,321			
	attor	ney or agent under 37 CFI	₹ 1.34.				
		Registration number if acting u	under 37 CFR 1.34				
		May 28, 2009					
	Signature			Date			
-		(617) 526-6000 Telephone Number					
NO	TF: Signatures of all the in	Typed or printed name ventors or assignees of record of the	e entire interest or their repr	'			
	n one signature is required		, chare interest of their repr	osomanive(s) are required.	Capini malapi	C TOTTION IT HILLIE	
	Total of	1 forms are sub	mitted.				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: May 28, 2009

Signature: /Hollie L. Baker/ (Hollie L. Baker)